

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 16 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060392

1. Corporation Name

B & C ROOFING CO. INC.

2. Principal Office Address

10710 S.W. 147 PL

3. Mailing Office Address

10710 S.W. 147 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33196

Country

USA

Zip

33196

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8-4-1995

5. FEI Number

650613034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM C. MOORE

Street Address (P.O. Box Number is Not Acceptable)

10710 S.W. 147 PL.

Suite, Apt. #, Etc.

800003145218-0

~~02/23/00~~ ~~01100~~ ~~008~~
***1058.75 ***1058.75

City

MIAMI

State

FL

Zip Code

33196

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

2-14-2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	WILLIAM C. MOORE	10710 S.W. 147 PL.	MIAMI, FLA. 33196
VICE PRES.	CONNIE L. MOORE	10710 S.W. 147 PL.	MIAMI, FLA. 33196

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. MOORE (305) 386-8075

Date

2-14-2000

Daytime Phone #

CR2E081 (9/99)